

UTILIZATION CONTROL: INTERMEDIATE CARE FACILITIES

ICF utilization review is performed under contract by a peer review agency.

Pre-admission approval as to appropriate level of care is mandatory and must be obtained from the peer review agency through submission of an assessment tool (Form DMA-6) by the admitting facility. Initial approval of level of care may also be obtained by telephone.

Certification of Need for Care

Prior to a patient being admitted to a facility or transferred between facilities, the patient's attending physician, hospital, or chosen facility may telephone the peer review agency and provide the nurse with certain basic medical and social information. By evaluating the medical and social information given against established criteria, the nurse can inform the person calling that the patient is certified for placement at the skilled or intermediate level. The telephone conversation is tape recorded and compared to data submitted on the assessment tool when received. Telephoned and written information must agree before the level of care can be established for reimbursement purposes. When certification of level of care is assigned it is valid for thirty (30) days provided that the admitting facility submits the assessment tool to the peer review agency within ten (10) days of pre-admission certification.

Certifications and recertifications are performed according to Federal timeliness requirements.

Medical Evaluation and Admission Review

Before admission to an ICF or before authorization for payment, an interdisciplinary team of health professionals makes a comprehensive medical and social evaluation and, where appropriate, a psychological evaluation of each applicant's/recipient's need for care in the ICF. Evaluations include: diagnoses; current medical, social and developmental findings (where appropriate); mental/physical functional capacity; prognoses; services needed; recommendation of admission to or continued ICF care.

In an institution for the mentally retarded or related conditions, the team also makes a psychological evaluation of need for care. This evaluation is made before admission or authorization of payment.

Plan of Care

A physician must establish a written plan of care for each applicant or recipient before admission to an ICF or before authorization of payment. Medical and social information is required to be submitted on the Plan of Care which contains the following elements:

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Obsoleted by _____ Dated _____

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- . Identification of the recipient.
- . Name of the recipient's physician.
- . Date of admission.
- . Dates of application for and authorization of Medicaid benefits if application is made after admission.
- . Diagnoses, symptoms, complaints, and complications indicating the need for admission.
- . Description of the functional level of the individual.
- . Objectives.
- . Orders for medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures designed to meet the objectives of the plan of care.
- . Plans for continuing care, including review and modification of the plan of care.
- . Plans for discharge.

The team must review each plan as required by Federal regulations.

Utilization Review Plans

ICF utilization review is performed by individuals under contract with the Department.

Independent professional review is conducted twice yearly in all ICFs and evaluates:

- . Continued need for placement at this level of care.
- . Adequacy, appropriateness and quality of care being rendered.
- . The feasibility of alternative arrangements.
- . In cases of mental retardation or related mental conditions, whether active treatment is being received. This includes personal contact and review of plans of care.

Explanation of Alternative Services

Before admission to an ICF or before authorization for payment, if the comprehensive evaluation recommends ICF services for an applicant or recipient whose needs could be met by alternative services that are currently unavailable, the facility must enter this fact in the recipients record and begin to look for alternative services.

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